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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Patent Application Of:
S. Akashi et al.

For: FASTENER

Serial No.: 10/803,413

Filed: March 17, 2004

Examiner: Sandeep K. Gola

Art Unit: 3636

Conf. No.: 5562

Atty Dkt. No.: 114141-017

CERTIFICATE OF TRANSMISSION BY FACSIMILE

VIA FACSIMILE TO (571) 273-8300
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 571-273-8300) on April 5, 2007.

1. Amendment Transmittal (1 pg.); and
2. Response to Office Action (2 pgs.).

Respectfully submitted,

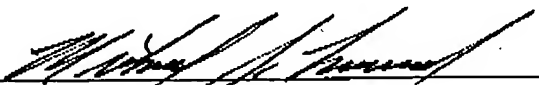
EVEREST INTELLECTUAL PROPERTY LAW GROUP

Date: April 5, 2007

BY

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APR 05 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 114141-017	
Applicant(s): S. Akashi et al.						
Application No. 10/803,413	Filing Date March 17, 2004	Examiner Sandeep K. Gola	Customer No. 43793	Group Art Unit 6363	Confirmation No. 5562	
Invention: FASTENER						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	23 -	23 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-3189 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.18. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <div style="text-align: center;">Signature</div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Michael S. Leonard, Reg. No. 37,557 Everest Intellectual Property Law Group P.O. Box 708 Northbrook, IL 60065 Phone: 847-272-3400 Fax: 847-272-3417</p> </div> <div style="width: 45%; text-align: right;"> <p>Dated: April 5, 2007</p> </div> </div>						
<div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> </div>						
CC:						